Focus on Solution than Cause: SFBT

Article · December 2018

CITATIONS
0

READS
301

2 authors:

Seema Gupta
Government Rajindra College, Bathinda Punjab
11 PUBLICATIONS **3** CITATIONS
SEE PROFILE

Komal Rai
14 PUBLICATIONS **6** CITATIONS
SEE PROFILE

Pramāna
International Refereed

Impact Factor : 4.005

Research Journal (ISSN : 2249-2976)
Year-7, Issue-30(II) (Oct-Dec. 2018) (Page No. 611-618)

Focus on Solution than Cause: SFBT

Seema Gupta
Research scholar
Dept. of Psychology,
Lovely Professional University,
Phagwara

Dr. Komal Rai
Assistant Prof.
Dept. of Psychology
Lovely Professional University,
Phagwara

Abstract

Today's modern life is fast life and fast resolution of problems is need of the hour. Everybody cannot afford psychodynamic therapy in terms of both time and money. The present day focus is on the goal and reaching it through the shortest route. Research has shown that the problem solving requires focusing on the solution and not on the cause. The knowledge of cause may be an added feather but not the primary aim of therapy. Solution focused brief therapy is an emerging therapy focusing on the solutions and positive resources to help clients solve their problems. The present paper aims to study the opinion of the college students on the important aspects of solving problems.

Key-Words: Solution Focused Brief Therapy, Positive Thinking, Cause of Problems.

Thoughts become Things

Mike Dooley

Thinking is the highest ability of man which has lead to lot of development all over the world. The things which seemed to be impossible have been made possible by thinking. Thinking made possible that could not even be imagined at some period of time. As every coin has two sides, similarly thinking has two aspects: positive and negative. From the technological point of view, thinking has done wonders. From social and individual point of view, the picture is not so rosy. Though thinking has led to modernization and brought people out of many superstitions, still negative thinking leads to many problems. In other words, negative thinking or thinking about painful past is like a challenge to wellbeing of the individual in particular and society at large. Negative thinking makes one anxious about future and lowers the confidence to do anything. Thinking about bitter experiences gives pain and takes away the spirit of moving further. Complexes, stress, psychosomatic diseases, mal-adjustment etc. all have negative thinking as the important attribute.

Pondering over the abilities, skills and possessions one has, gives you calmness, happiness and makes you happy. The psychodynamic school of psychology made a great change in the thinking of people when it gave the idea of past experience or childhood experience as the cause of mental illness. The psychotherapy given by Freud focused on knowing the past bitter experiences of the client. The client who is facing some problems and wants the solution to those problems is unable to understand why the therapist instead of solving the problem, wants him to recall the past. Lying on the couch with the counselor sitting besides and recalling past events for days, months or years is the common picture of Freudian psychotherapy.

Today's modern life is fast life and fast resolution of problems is need of the hour. Everybody cannot afford psychodynamic therapy in terms of both time and money. The present day focus is on the goal and reaching it through the shortest route. Research has shown that the problem solving requires focusing on the solution and not on the cause. The knowledge of cause may be an added feather but not the primary aim of therapy.

An emerging therapy which is found to be quite effective and which is completed in 4-5 session or even one session in 25 percent cases is solution focused brief therapy developed by Shazer and Insoo Kim Berg in 1980's.

Solution Focused Brief Therapy popularly called SFBT is a psychotherapeutic technique which focuses on solutions rather than the causes of the problems. The therapy mainly progresses on the basis of optimistic approach and is based on the premise that individuals are equipped with skills to solve their problems. The therapy looks at the individual as rational being who can re-channelize his resources to solve the problems. The therapist helps the individual in need, to change his perspective from problem to focus on solution. Recognizing the need for economical and time saving therapy, Steve de Shazer and Insoo Kim Berg from Milwaukea developed SFBT in early 1980s at the Brief Family Therapy Centre in Milwaukee, Wisconsin (de Shazer, 1982,1985,1988; de Shazer, Berg, et al., 1986). It aims to develop practical and quick solutions to gain lasting relief to clients. SFBT has been applied to many different spheres of life like school, workplace and interpersonal problems.

SFBT works by helping people recognize their ability to solve the problems. It is based on the assumption that every individual has the skill to bring about a change in his/her life. Therapist has to just help in focusing on the existing problems and anticipated goals to mobilize the resources/skills towards solution. This goal is achieved by asking question to guide the session. The questions pertain to resilience ability and tools which can help them face the life challenges. Such questions work like a miracle in helping the person recognize their ability and acknowledge the capability to solve the problems. Miracle questions make the people visualize life without problem; help in identifying small things that can help make a change. The main challenge lies in how to make the client visualize a better life in such a way that it can serve as a motivator for desiring and working towards that ideal situation. The visualization of problem free life acts as a motivator to solve problems. Researchers have found SFBT to be successful with the problems of youth like academics/school related; family and couple counseling.

The main steps of therapy include searching and finding solutions, helping the client in imagining the situation he wishes to attain, making him/her realize that how that change can be made real. The past or history of the client is not considered to be important. The whole attention is paid to the desired state, hurdles to that desired state and using all available resources to cross the hurdles to reach their goal. The focus is crossing the hurdles and not removing the hurdles. SFBT is based on the assumption that the client has the capacity to imagine a change, will leave no stone unturned to reach the goal and the whole or part of change will start happening immediately (Weiner-Davis, de Shazer, & Gingerich, 1987). The therapy is very short and may conclude in almost six sessions.

The use of SFBT is spreading fast. It has moved from lesser known to one of the popular approaches towards treatment in different countries. It is being widely used therapy for family counseling, mental health settings, social service environment, and child therapy, in prisons, schools and hospitals (Miller, Hubble, & Duncan, 1996). Therapists have reported high success rates and satisfaction of clients with using SFBT.

The Indian system is highly conducive for SFBT. It can also be said that SFBT is the need of the hour in Indian system. The reason behind the relevance of SFBT in Indian scenario is that on one hand the high pace of development is leading to a rise in mental health issues and on the other hand the scarcity of time and economical factors require a quick and solution focused approach. The SFBT is also relevant from another perspective. India which has a population of 1.25 billion out of which almost 20% people are below poverty without any health insurance for mental illness. Apart from this, less than 1 clinical psychologist is available per 1 million populations (Rehablitation Council of India, 2015). All these reasons point to the growing need of a time and resources effective treatment. The brief therapeutic treatment models are very vital for present Indian clinical scenario as they are quite economical and less time consuming giving results in short span of time.

Method:

Participants

Participants were 53 college students enrolled in undergraduate program of Govt. College, Bathinda.

Survey questions:

A survey was done for two questions:

1. Is it important to know the past experience or focus on solutions?
2. Is it important to know the cause or solution of the problem?

Hypothesis

1. It is expected that the participants will prefer to focus on solutions rather than know the past.
2. It is expected that the participants will like to solve the problem rather than knowing the cause.

Statistical Analysis

The statistical analysis was done using Chi square to know whether there is significant deviation from the frequency of response expected on the basis of normal distribution or a significant gender difference in the frequency of responses.

Results

The data collected from 53 subjects was analyzed and chi square was calculated. On the basis of the chi square table the level of significance was tested and results are interpreted accordingly. Table no.1 shows the 2*2 chi square table for the importance of focusing on solution or cause for dealing with any problem.

Table no. 1: Showing 2*2 data for chi square on the question "Is it important to know the past experience or focus on solutions?

VAR00001 * VAR00002 Crosstabulation

			VAR00002		Total
			past expe	solutions	
VAR00001	female	Count	3	38	41
		Expected Count	3.1	37.9	41.0
	male	Count	1	11	12
		Expected Count	.9	11.1	12.0
Total		Count	4	49	53
		Expected Count	4.0	49.0	53.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.014[a]	1	.907		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.013	1	.908		
Fisher's Exact Test				1.000	.654
N of Valid Cases	53				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .91.

b. Computed only for a 2x2 table

Table no. 2: Showing 2*2 data for chi-square on the question "Is it important to know the cause or solution of the problem?"

VAR00001 * VAR00003 Crosstabulation

			VAR00003		Total
			cause	solutions	
VAR00001	female	Count	10	31	41
		Expected Count	10.8	30.2	41.0
	male	Count	4	8	12
		Expected Count	3.2	8.8	12.0
Total		Count	14	39	53
		Expected Count	14.0	39.0	53.0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.382[a]	1	.537		
Continuity Correction[b]	.060	1	.806		
Likelihood Ratio	.369	1	.543		
Fisher's Exact Test				.711	.391
N of Valid Cases	53				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.17.

b. Computed only for a 2x2 table

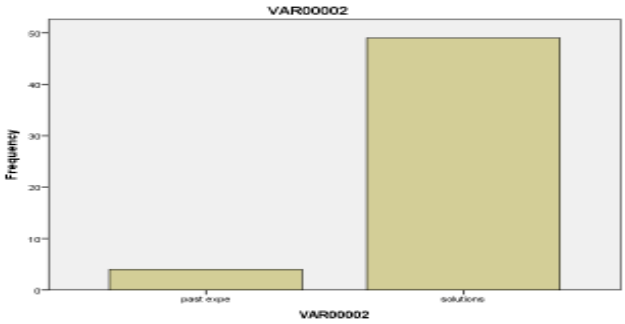

Fig. 1 Showing the frequency of responses for knowledge of past experience or on solutions

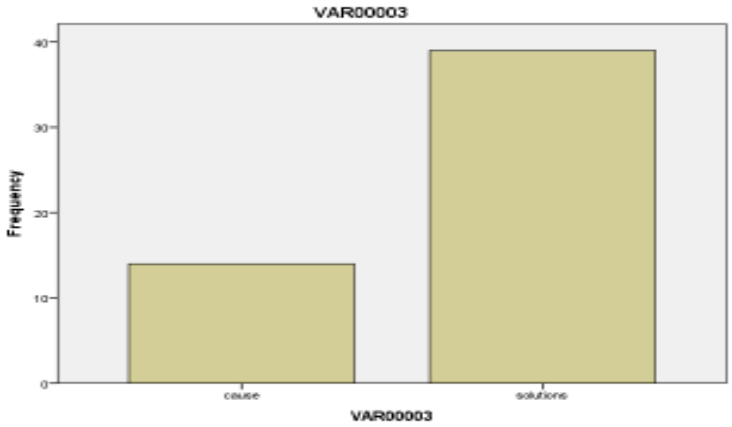

Fig. 2 Showing the frequency of responses for focus on cause or solutions

The table no. 1 shows that there is no significant difference between the responses of male and female respondents. The results indicate that though there are no gender differences in the frequency of responses but significant differences exists in the frequency of individuals favoring solution rather than past experience.

Similarly, when enquired about the need to choose between knowing the cause / solution of the problem, there is a large difference in the number of responses choosing solutions or the cause. Table no. 2 shows absence of significant gender differences preferring either knowledge of cause of the problem or knowing the solution of the problem.

Discussion

The aim of this study is to study the opinion of the people regarding the importance of knowing past experience/ solution of the problem on one hand and a preference of knowing the cause or solution on the other hand. A survey of 53 college students was done on two

questions regarding the topic and chi square test was applied to know the significance of difference of the preferences given. The results show that though there are no gender differences in the frequency of responses but significant differences exists in the frequency of individuals favoring solution rather than past experience.

Similarly, when enquired about the need to choose between knowing the cause / solution of the problem, there is a large difference in the number of responses choosing solutions or the cause.

The results support our hypothesis that focus on solution is preferred for solving the problem but when given an option to know the solution or cause, though some people would like to know the cause, the majority stress on the solution. So, for the cure of any psychological problem the focus on solution is desired. These results can be interpreted as favoring solution focused brief therapy.

Gingerich and Eisengart (2000) studied 15 cases of application of SFBT and threw light on its shortcomings also. They found that in well controlled studies, SFBT to be quite effective. They also highlighted sample size, weak design, non-representative sample, improper measures and mixed treatments as shortcomings. **Bond, Humphrey, Symes, and Green (2013)** examined the effectiveness of SFBT with families and kids. They also reported weak methodology as major reason for ineffectiveness on one hand and the success of SFBT with internalizing externalizing problem in children on the other hand.

Bond et al. (2013) found that out of 38 studies, only 5 studies met the criteria for research quality. **Estrada and Beycbach (2007)** explored the capableness of SFBT on deaf and depressed individuals. They reported that depression symptoms reduced considerable in 4 to 8 sessions,, thereby reflecting moderate success.

SFBT surfaces as an effective approach to deal with the internalizing disorders like anxiety and depression as this therapy involves encouragement and positive attitude. As SFBT is a relatively new approach, there is a lot of research gap. Though some studies report effectiveness of SFBT on variety of problems and different individuals of varied age and geographic areas, still the data available is not sufficient enough to reach a conclusion.

In an effort to compare the effectiveness of SFBT and alternate therapies, **Schmit, Schimt and Lenz** (2016) analyzed 12 studies using SFBT and alternate therapies and concluded that clients receiving SFBT reported almost 24 % less symptoms of one standard deviation than those who received other therapeutic treatments. They also concluded that role of mediating variables played an important role. To this end, they found that heterogeneity of sample was responsible for approximately 61 % of total variability. On the other hand, interest played negligible role. The further analyses of effect of age group revealed no significant differences of effect between youth, adolescents and adults.

The use of SFBT is spreading fast. It has moved from lesser known to one of the popular approaches towards treatment in different countries. It is being widely used therapy for family counseling, mental health settings, social service environment, and child therapy, in prisons, schools and hospitals (Miller, Hubble, & Duncan, 1996). Therapists have reported high success rates and satisfaction of clients with using SFBT.

The Indian system is highly conducive for SFBT. It can also be said that SFBT is the need of the hour in Indian system. The reason behind the relevance of SFBT in Indian scenario is that on one hand the high pace of development is leading to a rise in mental health issues and on the other hand the scarcity of time and economical factors require a quick and solution focused approach. The SFBT is also relevant from another perspective. India which has a

population of 1.25 billion out of which almost 20% people are below poverty without any health insurance for mental illness. Apart from this, less than 1 clinical psychologist is available per 1 million populations (Rehablitation Council of India, 2015). All these reasons point to the growing need of a time and resources effective treatment. The brief therapeutic treatment models are very vital for present Indian clinical scenario as they are quite economical and less time consuming giving results in short span of time.

References

Berg, I. K., & Shazer, d. (1993). Making numbers talk: Language in therapy. In S. Friedman (Ed.), *The new language of change: Constructive collaboration in psychotherapy*. New York: Guilford.

Bond, C., Woods, K., Humphrey, N., symes, W., & Green, L. (2013). Practitioner review: The effectiveness of solutions focused brief therapy with children and families: A systematic and critical evaluation of the literature from 1990-2010. *Journal of Child Psychology and Psychiatry, 54*, 707-723. doi:10.1111/jcpp.12058

Estrada, B., & Beyebach, M. (2007). Solution- focused therapy with depressed deaf persons. *Journal of Family Psychotherapy, 18*, 45-63. doi:10.1300/j085v18n03_4

Gingerich, W., & Eisengart, S. (2000). Solution-focused brief therapy: A review of the outcome research. *Family Process, 39*, 477-498. doi:10.1111/j.1545-5300.2000.39408.x

Miller, S., Hubble, M., & Duncan, B. (1996). *Handbook of solution-focused brief therapy.* San Francisco: Jassey-Bass.

Rehablitation Council of India. (2015). *Central Rehablitation Registry.* Retrieved from http://rciregistration.nic.in/rehabcouncil/Report_StCat_Jdbc.jsp

Schmit, E., Schmit, M., & Lenz, A. (2016). Meta- Analysis of Solution-Focused Brief Therapy for Treating Symptoms of Internalizing Disorders. *Counselling Outcome Research and Evaluation, 7*(1), 21-39. doi:10.1177/2150137815623836

Weiner-Davis, M., de Shazer, S., & Gingerich, W. (1987). Building on Pretreatment Change to Construct the Therapeutic Solution: An Exploratory Study. *Journal of Marital and Family Therapy, 13*, 359-363. doi:10.1111/j.1752-0606.1987.tb00717.x